

Fill in this information to identify the case:

United States Bankruptcy Court for the:

District of Delaware
 (State) _____
 Case number (if known): _____ Chapter 7

Check if this is an
amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the
Bankruptcy Code

Check one:

- Chapter 7
 Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Stream TV Networks, Inc.

3. Other names you know
the debtor has used in
the last 8 years

Include any assumed
names, trade names, or
doing business as names.

4. Debtor's federal
Employer Identification
Number (EIN)

 Unknown

27 - 1224092 _____
 EIN

5. Debtor's address

Principal place of business

2009 Chestnut Street

Number Street

3rd Floor

Philadelphia

City

PA

State

19103

ZIP Code

Mailing address, if different

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from
principal place of business

Number Street

City State ZIP Code

County

Debtor

Steam TV Networks, Inc.

Case number (if known) _____

Name

6. Debtor's website (URL)www.streamtvnetworks.com**7. Type of debtor**

- Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
 Partnership (excluding LLP)
 Other type of debtor. Specify: _____

8. Type of debtor's business

Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
 Railroad (as defined in 11 U.S.C. § 101(44))
 Stockbroker (as defined in 11 U.S.C. § 101(53A))
 Commodity Broker (as defined in 11 U.S.C. § 101(6))
 Clearing Bank (as defined in 11 U.S.C. § 781(3))
 None of the types of business listed.
 Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor? No Yes. Debtor _____

Relationship _____

District _____

Date filed _____

MM / DD / YYYY

Case number, if known _____

Debtor _____

Relationship _____

District _____

Date filed _____

MM / DD / YYYY

Case number, if known _____

Part 3: Report About the Case**10. Venue**

Check one:

- Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
 A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
 Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner? No Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor

Stream TV Networks, Inc.

Case number (if known) _____

13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim
above the value of
any lien

Jamuna Travels, Inc.

Travel Services

\$ 130,499.25

Walsh CHB, Inc.

Logistics Services

\$ 11,020.00

Rembrandt 3D Holding Ltd.

Settlement Agreement

\$ 1,528,000.00

Total of petitioners' claims

\$ 1,669,519.25

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative**Name and mailing address of petitioner**

Rembrandt 3D Holding Ltd.

Name

128 Bull Hill Road

Number Street

Newfield

NY

14867

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Stephen Blumenthal

Name

128 Bull Hill Road

Number Street

Newfield

NY

14867

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

05/23/2021

Signature of petitioner or representative, including representative's title

Attorneys

John D. McLaughlin, Jr.

Printed name

Ferry Joseph, P.A.

Firm name, if any

824 North Market Street, Suite 1000

Number Street

Wilmington

Delaware 19801

City

State

ZIP Code

Contact phone 302-575-1555 , ext. 107 Email jmclaughlin@ferryjoseph.com

Bar number 4123

State Delaware

Signature of attorney

5/23/2021

MM / DD / YYYY

Debtor Name _____	Case number (if known) _____		
13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	Jamuna Travels, Inc.	Travel Services	\$ 130,499.25
	_____	_____	\$ _____
	_____	_____	\$ _____
		Total of petitioners' claims	S _____

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

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I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Attorneys

Name and mailing address of petitioner

Jamuna Travels, Inc.

Name

6439 Market Street

Number Street

Upper Darby

PA

18082

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Reji Abraham

Name

6439 Market Street

Number Street

Upper Darby

PA

19082

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05-17-2021
MM / DD / YYYY



Signature of petitioner or representative, including representative's title

John D. McLaughlin, Jr.

Printed name

Ferry Joseph, P.A.

Firm name, if any

824 North Market Street, Suite 1000

Number Street

Wilmington

DE

19801

City

State

ZIP Code

Contact phone 302-575-1555 Email jmclaughlin@ferryjoseph.com

Bar number 4123

State DE

Signature of attorney

Date signed

5/23/2021

Debtor

Stream TV Networks, Inc.

Name

Case number (if known)

Name and mailing address of petitioner

WALSH CIB INC

Name

189 SUNRISE Hwy SUITE 302

Number Street

Rockville Centre NY 11570

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

Signature of petitioner or representative, including representative's title

Name and mailing address of petitioner

Name

Number Street

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

Signature of petitioner or representative, including representative's title

John D. McLaughlin, Jr.

Printed name

Ferry Joseph, P.A.

Firm name, if any

824 North Market Street, Suite 1000

Number Street

Wilmington

Delaware 19801

City

State

ZIP Code

Contact phone 302-575-1555 Email jmclaughlin@ferryjoseph.com

Bar number 4123

State Delaware



Signature of attorney

Date signed

MM / DD / YYYY

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone _____ Email _____

Bar number _____

State _____



Signature of attorney

Date signed

MM / DD / YYYY